



Incident Report

Print Date/Time: 04/26/2016 10:16
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007781

Incident Date/Time: 4/25/2016 6:20:00 PM
Location: 717 SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 232-0975
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N2	SS0132-Kilroy

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FONCECA, AARON					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car		Zimmer Motor Car Co.	Quick Silver		C86241E	
Involved Vehicle	Passenger Car		Dodge			B42502T	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/25/2016 : 18:22:06 SP0414 Narrative: CC AR RP ADDR 815 103RD DR SE
04/25/2016 : 18:21:19 SP0414 Narrative: CC, COLD H/R, SUS INFO

2016-00007781, 042516 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E537418**

11

21

31

4

4a

5

61

7

8

99

10

1100

1200

13A

14

152

16

17

18

19

20

21

22

23

24

25

26

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 25 - 2016	1815	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	700
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 00 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	N DAVIES RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 2533355039 N: 2063904243
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LAST NAME	SMITH	FIRST NAME	JOHN	MIDDLE INITIAL	R
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STREET NEW ADDRESS	2392 HEATHER DR
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CITY	FERNDAL	ST	WA	ZIP	982480000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SMITHJR517BL	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	01	13	1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	7164ZH	STATE	WA	VIN#	5ZT2FEUB3GA020133
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2016	MAKE	FREE	MODEL	34/TRAI	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LESLIE HASSON 3329 127TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 219 2199-F17-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.	MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	B42502T	STATE	WA	VIN#	1D7HU18D44S662216
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	DODE	MODEL	RAM	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MOLLIE FONCECA 103RD DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	UNKNOWN UNKNOWN
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
J. KILROY #0132	#0132	WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E537418**CASE # **2016-0007781**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CILIA DAVID																
ADDRESS & PHONE # 4255013436										SEX M	D.O.B. MMDDYYYY 05	-	20	-	1974			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was parked in the 700 block of SR 9 NE in the parking lot of Safeway. Unit 2 was parked in the 700 block of SR 9 NE next to unit 1. Unit 1 pulled out of the parking spot to make a right turn and hit unit 2. The witness confirmed unit 1 hit unit 2 while pulling out of the parking spot and turning right.

Unit 1 was at fault.

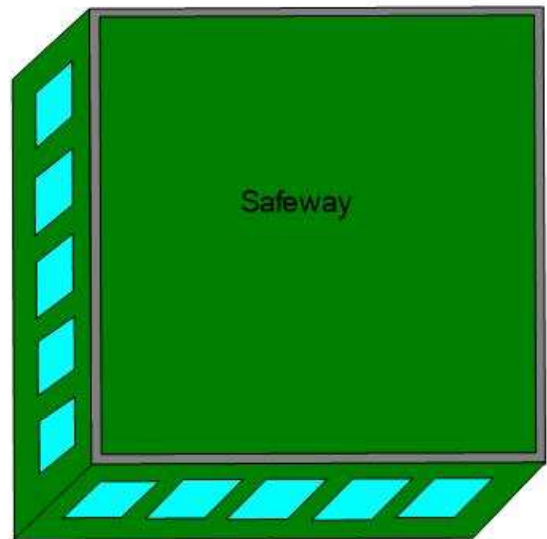
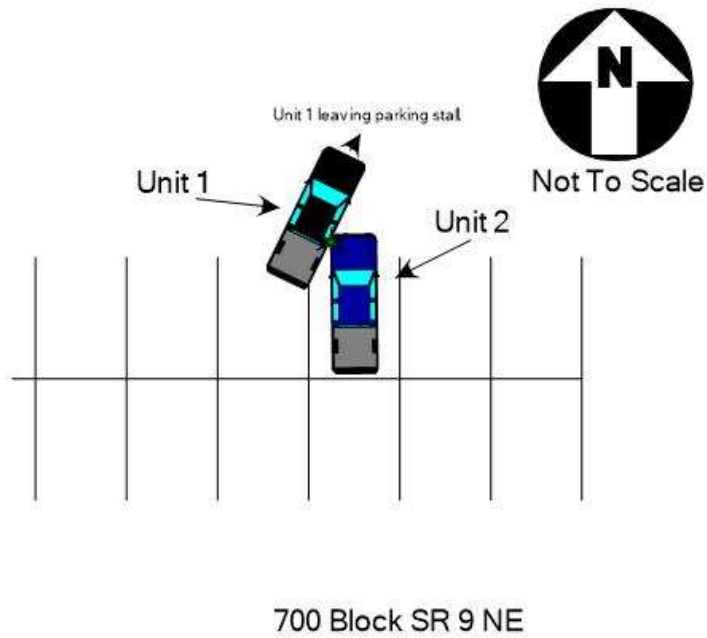
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132		04-26-16 03:17 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY W. AUKERMAN 0072		PLACE SIGNED 4/26/2016 5:39:41 AM	
BADGE OR ID #	#0132	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
6:20 PM		6:36 PM	

REPORT NO. E537418

CASE # 2016-0007781

DATE AND TIME
OF COLLISION 04/25/16 18:15





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM


CASE NUMBER 2016-7781VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>GLIEGE, VANESSA, DELORS</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>10-21-1986</u>	AGE <u>29</u>	HGT <u>5'7"</u>	WGT <u>130</u>	HAIR <u>BLOND</u>	EYES <u>BLU</u>
STREET ADDRESS <u>815 103RD SE</u>				CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE		CELL PHONE <u>425-737-3030</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) <u>A.J. 425-232-0975</u>				PLACE OF EMPLOYMENT <u>N/A</u>						

STATEMENT:

I WAS PARKED EVENLY IN SAFEWAY PARKING LOT.
CAME OUTSIDE TO FIND A FRESH DENT BEHIND
DRIVERS HEADLIGHT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: <u>9/25/16</u>
OFFICER/NUMBER: <u>SKLAR 1132</u>	DATE SIGNED: <u>9/25/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"